CITY VIEW NURSING HOME 3030 CITY VIEW DRIVE

MADISON 53718 Phone: (608) 242-502)	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/02):	52	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	56	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	41	Average Daily Census:	45
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn		·	31/02)	Length of Stay (12/31/02)	앙
Home Health Care	No No	 Primary Diagnosis	%	Age Groups	%		41.5 36.6
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	9.8		22.0
Day Services	No	Mental Illness (Org./Psy)	51.2	•	9.8		
Respite Care	No	Mental Illness (Other)			36.6	•	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse		•		 ***********	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over	7.3	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	4.9		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	12.2	65 & Over	90.2		
Transportation	No	Cerebrovascular	9.8			RNs	8.7
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	10.7
Other Services	Yes	Respiratory	2.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2.4	Male	43.9	Aides, & Orderlies	38.1
Mentally Ill	No			Female	56.1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Private Other Pay			<u> </u>	Family Care				Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	3.7	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Skilled Care	3	100.0	320	26	96.3	108	0	0.0	0	6	100.0	160	0	0.0	0	5	100.0	108	40	97.6
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		27	100.0		0	0.0		6	100.0		0	0.0		5	100.0		41	100.0

CITY VIEW NURSING HOME

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	<u>-</u>	Number of						
Private Home/No Home Health	11.6	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	0.0		82.9	17.1	41						
Other Nursing Homes	2.3	Dressing	7.3		68.3	24.4	41						
Acute Care Hospitals	81.4	Transferring	22.0		46.3	31.7	41						
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.2		56.1	31.7	41						
Rehabilitation Hospitals	0.0	Eating	65.9		22.0	12.2	41						
Other Locations	4.7	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****						
Total Number of Admissions	86	Continence		용	Special Treat	ments	8						
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.9	Receiving R	espiratory Care	14.6						
Private Home/No Home Health	30.7	Occ/Freq. Incontinen	t of Bladder	68.3	Receiving T	racheostomy Care	0.0						
Private Home/With Home Health	15.9	Occ/Freq. Incontinen	t of Bowel	51.2	Receiving S	uctioning -	0.0						
Other Nursing Homes	4.5	1			Receiving O	stomy Care	0.0						
Acute Care Hospitals	13.6	Mobility			Receiving T	ube Feeding	0.0						
Psych. HospMR/DD Facilities	3.4	Physically Restraine	d	24.4	Receiving M	echanically Altered Diets	46.3						
Rehabilitation Hospitals	0.0	1			_	_							
Other Locations	15.9	Skin Care			Other Residen	t Characteristics							
Deaths	15.9	With Pressure Sores		14.6	Have Advanc	e Directives	100.0						
Total Number of Discharges		With Rashes		9.8	Medications								
(Including Deaths)	88	l			Receiving P	sychoactive Drugs	61.0						

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Proj	prietary	50	-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	80.4	84.7	0.95	87.1	0.92	85.3	0.94	85.1	0.94	
Current Residents from In-County	85.4	81.6	1.05	81.5	1.05	81.5	1.05	76.6	1.11	
Admissions from In-County, Still Residing	18.6	17.8	1.05	20.0	0.93	20.4	0.91	20.3	0.92	
Admissions/Average Daily Census	191.1	184.4	1.04	152.3	1.25	146.1	1.31	133.4	1.43	
Discharges/Average Daily Census	195.6	183.9	1.06	153.5	1.27	147.5	1.33	135.3	1.45	
Discharges To Private Residence/Average Daily Census	91.1	84.7	1.08	67.5	1.35	63.3	1.44	56.6	1.61	
Residents Receiving Skilled Care	100	93.2	1.07	93.1	1.07	92.4	1.08	86.3	1.16	
Residents Aged 65 and Older	90.2	92.7	0.97	95.1	0.95	92.0	0.98	87.7	1.03	
Title 19 (Medicaid) Funded Residents	65.9	62.8	1.05	58.7	1.12	63.6	1.03	67.5	0.98	
Private Pay Funded Residents	14.6	21.6	0.68	30.0	0.49	24.0	0.61	21.0	0.70	
Developmentally Disabled Residents	7.3	0.8	9.18	0.9	7.95	1.2	6.19	7.1	1.03	
Mentally Ill Residents	61.0	29.3	2.08	33.0	1.85	36.2	1.69	33.3	1.83	
General Medical Service Residents	2.4	24.7	0.10	23.2	0.11	22.5	0.11	20.5	0.12	
Impaired ADL (Mean)	51.7	48.5	1.07	47.7	1.08	49.3	1.05	49.3	1.05	
Psychological Problems	61.0	52.3	1.17	54.9	1.11	54.7	1.11	54.0	1.13	
Nursing Care Required (Mean)	10.7	6.8	1.58	6.2	1.71	6.7	1.58	7.2	1.48	